

OFFICE USE
ONLY

CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS

Name of Candidate Willie Simmons
Address P.O. Box 891 County Bolivar
Telephone (Work) 662-846-7431 (Home) 662-719-0543 (Fax) 662-846-7011
Contact Name Willie Simmons Email Address SANDAFORU@yahoo.com
Office Sought STATE SENATOR Political Party DEMOCRAT

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ☐ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
☐ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	<u>9,125.00</u> + \$ <u>400.00</u>	\$ <u>9,525.00</u>	\$ <u>9,525.00</u>
Total amount of disbursements \$	<u>2,741.97</u> + \$ <u>9,192.68</u>	\$ <u>11,914.65</u>	\$ <u>325.00</u>
Total amount of cash on hand \$			

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Willie Simmons
(Signature of Candidate)

1/30/09
(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED
JAN 30 2009

Secretary of State
Capitol Office

Name of Candidate or Committee Willie Simmons
 Reporting period 1/1/08 through 12/31/08

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>MACE</u>	<u>9/12/08</u>	\$ <u>250.00</u>
Mailing Address		
<u>501 Theobald ST</u>		
City, State, Zip Code		
<u>Greenville, MS</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>250.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>The SENATOR'S PLACE</u>		
Mailing Address		
<u>511 S. Davis Ave</u>		\$ <u>2,471.97</u>
City, State, Zip Code		
<u>Cleveland MS 38732</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2,471.97</u>
<u>COTV / Public Relations / COTV</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Willie SimmonsReporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Asn for Home CARE</u>		<u>11/19/08</u>	\$ <u>500.00</u>
Mailing Address _____		___/___/___	\$
City, State, Zip Code _____		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mid Eye PAC</u>		___/___/___	\$ <u>1000.00</u>
Mailing Address _____		___/___/___	\$
City, State, Zip Code _____		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AnHeuser Bush</u>		___/___/___	\$ <u>500.00</u>
Mailing Address _____		___/___/___	\$
City, State, Zip Code _____		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pfizer</u>		___/___/___	\$ <u>500.00</u>
Mailing Address _____		___/___/___	\$
City, State, Zip Code _____		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Willie Simmons
 Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>THE GEU Group Inc</u>	<u>2/22/08</u>	\$ <u>1,000.00</u>
Mailing Address <u>One PARK PLACE Suite 700</u>	<u>631 NW 52nd St</u>	\$
City, State, Zip Code <u>BOCA RATON, FL 33487</u>		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WAI - PAC</u>	<u>7/8/08</u>	\$ <u>250.00</u>
Mailing Address <u>702 SW 8th Street</u>		\$
City, State, Zip Code <u>Bentonville AR 72716-0150</u>		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MERCK</u>	<u>7/16/08</u>	\$ <u>300.00</u>
Mailing Address <u>P.O. Box 4</u>		\$
City, State, Zip Code <u>West Point, PA 19486-004</u>		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Robert Simmons</u>	<u>8/15/08</u>	\$ <u>300.00</u>
Mailing Address <u>692 Mulberry Dr.</u>		\$
City, State, Zip Code <u>Biloxi MS 39532</u>		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300.00</u>

Name of Candidate or Committee Willie Simmons
 Reporting period 1/1/08 through 1/31/08

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wheeler & Frank</u>		<u>8/22/08</u>	\$ <u>3000.00</u>
Mailing Address _____		____/____/____	\$
City, State, Zip Code <u>P.O. Box 861</u>		____/____/____	\$
Name of Employer (Required) <u>Tupelo, MS</u>		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>3000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ABBOTT Laboratories PAC</u>		<u>10/06/08</u>	\$ <u>275.00</u>
Mailing Address _____		____/____/____	\$
City, State, Zip Code <u>100 Abbott Park Road</u>		____/____/____	\$
Name of Employer (Required) <u>Abbott Park, IL 60064-6028</u>		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>275.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Check into Cash & MS Inc.</u>		<u>9/25/08</u>	\$ <u>500.00</u>
Mailing Address _____		____/____/____	\$
City, State, Zip Code <u>P.O. Box 550</u>		____/____/____	\$
Name of Employer (Required) <u>Cleveland, TN 37364-0550</u>		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Freedom Prosthetics, LLC</u>		<u>11/17/08</u>	\$ <u>1000.00</u>
Mailing Address _____		____/____/____	\$
City, State, Zip Code <u>8369 Florida Blvd Suite 7</u>		____/____/____	\$
Name of Employer (Required) <u>DENHAM SPRING LA 70726</u>		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1000.00</u>